



ARRY BECK
Works Director

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Labor Code 3800).

Policy No. _____ Company _____

☐ Certified copy is hereby furnished

-- or --

☐ Certified copy on file with Riverside Public Works Department

Date _____ Applicant _____

**CERTIFICATE OF EXEMPTION FROM WORKERS'
COMPENSATION INSURANCE**

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provision or this permit shall be deemed revoked.